

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2016
Mailing Address 155 Grand Avenue		Amount 75.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online Ad	Category/Type	Transaction ID : D734985 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 45133.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 12 / 2016
Mailing Address 155 Grand Avenue		Amount 702.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Payroll	Category/Type	Transaction ID : D734986 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 45133.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	777.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
05 / 16 / 2016

Signature

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016	
Mailing Address 1101 8th Street		Amount 42731.22	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D734987
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 45133.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016	
Mailing Address 945 Camelia St		Amount 1624.78	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D734988
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 45133.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44356.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	45133.00

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Martha Kuhl

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Date

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05 / 16 / 2016

Signature